



Inspection Report on

Blaenau Gwent County Borough Council Homecare

**V I T C C Centre
Tredegar Business Park
Tredegar
NP22 3EL**

Date Inspection Completed

24/03/2022 and 04/04/2022

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About Blaenau Gwent County Borough Council Homecare

Type of care provided	Domiciliary Support Service
Registered Provider	Blaenau Gwent County Borough Council Adults and Children's Services
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Blaenau Gwent County Borough Council Homecare provide a range of services to people in their own homes. During this announced inspection, we visited the registered office, one supported living scheme and an extra care service.

People appear comfortable and content and are positive about the care they receive. People's plans are person-centred but due care and attention is required ensuring consistency in evidencing reviews and updates to plans. People remain as healthy as they can be due to timely referrals to healthcare professionals. Care staff mostly say the management is supportive and they feel valued. Care staff refresher training requires improvement. Comprehensive governance arrangements are in place that support the operation of the services.

Well-being

People appear comfortable and content and are positive about the care they receive. The service encourages people to have as much choice and control over their everyday lives as possible. People and their families told us they are happy with the care and support they receive. One person told us *“Staff help me, and I love living here.”* Another person said, *“Staff are polite, I cannot fault them, they help me with everything I need.”* People have autonomy over their own lives as much as possible and care staff know their likes and dislikes. People are supported to engage in a range of activities in their home and local community, which are meaningful to them. People are encouraged to share their views about the service they receive.

People receive the support they need to maintain their health and wellbeing. The service assesses people’s care and support needs and any associated risks to their health and wellbeing. These are documented in personal plans and risk assessments, providing guidance for staff how to support individuals with their needs. Individuals are supported to access medical and specialist services as required. Care staff recognise when people need emotional support and provide this with kindness, dignity and compassion.

People receiving a service are safeguarded from harm. There are systems in place to record accidents and incidents. Audits of people’s care delivery and health and safety monitoring is in place. Where there are necessary restrictions in place made in people’s best interests to manage their safety, these appear proportionate. Risks to people are assessed and their safety managed and monitored so they are supported to stay safe, and their freedom respected. Care staff told us they know what steps to take if they are concerned about a person/people. Staff files and training programs show care staff receive training to ensure people’s safety; these include training in safeguarding, medication, lifting and handling and falls prevention.

People experience warmth and kindness. Care staff treat people as individuals. They are very attentive and respond to people’s different needs with appropriate levels of prompting and support. People look relaxed and comfortable in the presence of staff. Staff speak in a friendly, caring and respectful way and people respond positively. We witnessed positive interactions during the inspection; care staff support people in a dignified manner.

Care and Support

People receive the support they require, as and when they need it. Individual's files contain all the required information including risk assessments and personal plans of care. These are reflective of each individual and include their preference of how to be supported. The plans are person-centred and give clear detail to staff on how best to support each individual. Due care and attention is required to ensure care records only contain current information, and old out of date information is removed to prevent any confusion.

Reviews of people's plans within supported living had a clear process to evidence regular review and any update following changes. However, this was not consistent across all services being provided. Improvements are required within the extra care services to ensure clear evidence of review and update. For example, one person who had a mobility aid in place had no reference to this in their plan of care. Another person started receiving support in 2019, their plan of care continued to state, "*will review and amend as we get to know him*". This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

People can access the necessary health services to maintain their health and wellbeing. People have access to GP services. We saw individuals have been referred to other specialist healthcare professionals as and when needed

There are effective arrangements in place for the safe management of medicine. Care staff we spoke with told us they feel confident in administering medication. We found medication is safely distributed, organised and stored. Medication which had been administered was accurately recorded on the persons Medication Administration Record (MAR) chart. Any medication errors are reported to management and appropriate action is taken. Service medication policies and procedures are up to date and in line with current medication legislation.

Leadership and Management

The service provides good information to the public. A Statement of Purpose sets out the service's aims, values, and delivery of support. A written guide contains practical information about the service and the care provided.

Governance arrangements are in place that support the operation of the service. Systems are in place which inform the Responsible Individual (RI) and management team of all issues that occur. The RI conducts regular visits to different schemes within the service. We viewed six monthly quality of care reports that show oversight of the service. Appropriate governance, auditing, and quality assurance arrangements are in place to ensure services run smoothly and delivers good quality care. These systems help the service to self-evaluate and identify where improvements are required. Policies and procedures for complaints, medication and safeguarding, are in place and have regular reviews and updates.

Staffing levels are sufficient and management oversee this. Sufficient staff were present during our visits. The staff rota demonstrates there are sufficient care staff available during the day and night. There are suitable selection and vetting arrangements in place to enable the service provider to decide upon the appointment of staff. Staff files have the necessary pre-employment checks in place. Employment histories are provided for applicants. Identification and references further support the individual fitness of staff to work at the service.

Staff training requires improvement to ensure refresher training is available in a timely manner and any specialist training required to meet people's specific needs are completed. For example, we saw gaps in refresher training for medication, epilepsy and safeguarding. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection. Staff mostly say the management is supportive and they feel valued. One person said, "*support and advice is always available*" another said "*sometimes advice or guidance is not prompt*". They told us they enjoyed working with tenants and with their team members. Staff receive regular support from their line managers. However, due care and attention is required to ensure records of supervision are detailed and described topics discussed and any resulting actions.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
36	Gaps in refresher training and specialist training for care staff.	New
16	Evidence of personal plans being reviewed and	New

	updated when required was not always available.	
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